

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **HELIOS HVACR SERVICES, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **12/1/2021** and the period of duration is **perpetual**.
This Filing is Effective on Friday, March 1, 2024
5. This entity is managed by Members

6. Principal Office

601 South Lake Destiny Rd, Suite 200
Maitland, FL 32751

7. Required Representatives

Member	Isaiah Brown	601 South Lake Destiny Rd, Suite 200	Maitland	FL	32751
Member	Geoff Jacobson	601 South Lake Destiny Rd, Suite 200	Maitland	FL	32751
Member	Frankie Costa	601 South Lake Destiny Rd, Suite 200	Maitland	FL	32751
Member	Will Allen	601 South Lake Destiny Rd, Suite 200	Maitland	FL	32751

8. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Rd, Ste 219
Lexington, KY 40504

I, **Melanie Galero on behalf of InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, March 1, 2024

As the Authorized Representative, I, **Geoff Jacobson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**